PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/58704/

| | | | | | | 10/00/04/ | | | | |
|--|--|---|-------------------|---|------------------|---------------------|------------------------|----|----------------------------|------------------------|
| | | CLAIMS | | S FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | (Colu | mn 1) | (Column 2) | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEA | RCH FEE | | | | | SEARCH FEE | 1 | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | m | inus 100 = 2 1 | / 50 = | X \$ 125 = | | | X \$ 250 = | 250 |
| TOTAL CHARGEABLE CLAIMS | | | 26 minus 20 = * 6 | | | X \$ 25 = | | OR | X \$ 50 = | 300 |
| INDEPENDENT CLAIMS | | | 4 | minus 3 = * | / | X \$ 100 = | | OR | X \$ 200 = | 200 |
| MUL | TIPLE DEPEN | IDENT CLAIM PR | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | · TOTAL | | OR | TOTAL | 1650 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | . * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. | |
| | K the section of | | | nn 2 write "O" in colum | | | | | | |

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.